

## CLAIMS ONLY

Application Number

10/509,277

Filing Date

Applicant(s)

*Pre-End.*

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/		/				51					
2	/		/				52					
3	/		/				53					
4	/		/				54					
5	/		/				55					
6	/		/				56					
7	/		/				57					
8	/		/				58					
9	/		/				59					
10	/		/				60					
11	/		/				61					
12	/		/				62					
13	/		/				63					
14	/		/				64					
15	/		/				65					
16	/		/				66					
17	/		/				67					
18	/		/				68					
19	/		/				69					
20	/		/				70					
21	/		/				71					
22	/		/				72					
23	/		/				73					
24	/		/				74					
25	/		/				75					
26	/		/				76					
27	/		/				77					
28	/		/				78					
29							79					
30	/		/				80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3		3				Total Indep					
Total Depend	27	←	21	←		←	Total Depend	←	←	←	←	
Total Claims	30		24				Total Claims					